

MORBIDITY AND MORTALITY WEEKLY REPORT

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Current Trends

APR 24 1980

Assessment of Family Planning – U.S./Mexico Border

Agencies responsible for providing family planning and maternal and child health services on the U.S. side of the U.S./Mexico Border are confronted with several unique circumstances. First, Hispanics in the 4 border states—Texas, New Mexico, Arizona, and California—have higher levels of fertility than whites who are not of Hispanic origin (Anglos) (1), but whether this is due to higher levels of planned or unplanned fertility is not known. No comprehensive survey has been conducted to examine the reasons for fertility differences and the levels of contraceptive use for Anglos and Hispanics in this geographic area. Secondly, though it is known that Hispanics in both the United States and Mexico cross the border to obtain family planning services, lack of information on the frequency of such crossings prevents family planning program administrators from budgeting adequately for services. Finally, Hispanics in Texas have a relatively high level of morbidity and mortality (2,3) resulting from induced abortions performed by non-physicians. Inadequate access to effective contraception and safe abortion services may be the cause of this higher morbidity and mortality.

In light of these concerns, health officials from the United States, Mexico, and the Pan American Health Organization resolved in 1978 at the U.S./Mexico Border Health Association meeting, to assess family planning and maternal and child health services along the border. This first report is limited to a brief description of the survey area, survey population, and data on contraceptive use. Because of the importance of the Hispanic population in the survey area, data are presented separately for Anglo and Hispanic respondents.

During July-September 1979, CDC interviewed 2,135 women 15-44 years of age from a sample of 5,005 households in 51 border-area counties in the 4 border states (Figure 1). A county was included in the survey if it was close to the border and if 25% or more of its households had a Hispanic head of household at the time of the 1970 Census. The survey was stratified into metropolitan and non-metropolitan areas. The individual interview completion rate was 89%.

The average number of persons per household was 4.4 for Hispanics, 3.8 for black and other races, and 3.6 for Anglos. Of the 2,135 respondents age 15-44, 798 (37.4%) were Anglo, 1,255 (58.8%) were Hispanic, and 82 (3.8%) were black and other. Overall, 1,039 (48.7%) lived in metropolitan areas, and 1,096 (51.3%) lived in non-metropolitan areas; 1,694 (79.3%) lived in Texas.

Contraceptive use was higher for Anglo respondents than for Hispanics in each of the 3 marital-status categories—currently married, previously married, and never married (Table 1). The predominant methods of contraception being used by both the currently and previously married Anglo and Hispanic respondents were sterilization and oral

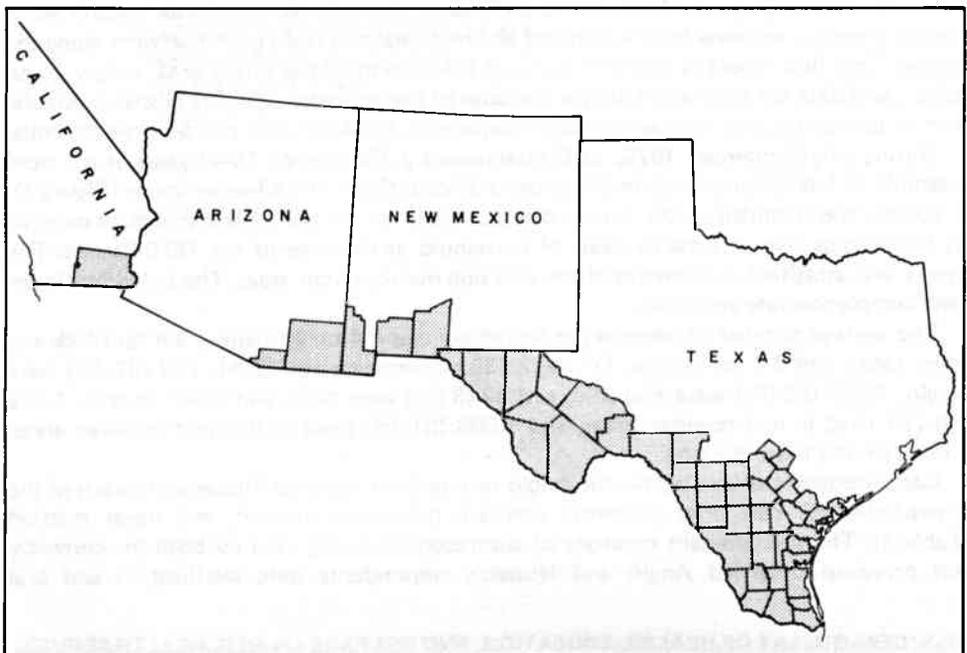
Family Planning – Continued

contraception. Among currently married Anglos and Hispanics an equally high proportion of women had been sterilized, but the patterns varied for men. For currently married Anglos, 17.7% stated male sterilization as their current method of contraception compared to 4.2% for Hispanics. The highest non-use of contraception occurred for never-married respondents; 73.7% of the Anglos and 87.1% of the Hispanics were not currently using contraception. Of the women who had never been married but were currently using contraception, oral contraception was the predominant method for both Anglos and Hispanics.

Among currently and previously married respondents, over 80% and 50% of Anglos and Hispanics, respectively, had received their current method of contraception from a hospital, private physician, or clinic. Approximately one-fourth of both the currently and previously married Hispanics received their contraceptive services from the local health department or Planned Parenthood agency compared to 1.8% for currently married Anglos and 12.5% for previously married Anglos. No currently or previously married Anglos received contraceptive services in Mexico, but 8.8% of the currently married Hispanics and 4.8% of the previously married Hispanics crossed the border into Mexico to receive such services. The primary source of contraception for the Anglos who had never married was the private physician/clinic (55.3%) followed by Planned Parenthood (31.5%) and the pharmacy (9.4%). For the Hispanics who had never married, the primary source of contraception was the pharmacy (38.6%), followed by Planned Parenthood (29.7%) and the private physician/clinic (23.6%). All Anglos and Hispanics who had never married received their contraceptive services in the United States.

Reported by U.S./Mexico Border Health Association; the Pan American Health Organization; Family Planning Evaluation Div, Bur of Epidemiology, CDC.

FIGURE 1. Counties included in U.S./Mexico Border survey of maternal and child health family planning, 1979



Family Planning — Continued

TABLE 1. Contraceptive use by method of contraception, marital status, and ethnicity, U.S./Mexico Border survey, 1979*

Method of contraception	Marital status						Total	
	Currently married		Previously married		Never married			
	Anglo	Hispanic	Anglo	Hispanic	Anglo	Hispanic	Anglo	Hispanic
Percent currently using	75.2	65.5	48.3	46.8	26.3	12.9	60.4	45.8
Female sterilization†	13.6	12.7	19.1	22.7	0.0	0.5	10.4	9.6
Male sterilization†	17.7	4.2	0.0	0.0	0.0	0.0	11.8	2.3
Orals	20.6	20.9	18.6	15.9	16.7	6.1	19.4	15.4
IUDs	5.3	7.4	0.9	2.0	1.0	0.1	3.8	4.4
Condoms	8.1	7.5	0.0	2.9	1.7	3.5	5.9	5.7
Other	9.9	12.8	9.7	3.3	6.9	2.7	9.1	8.4
Percent currently not using‡	24.8	34.5	51.7	53.2	73.7	87.1	39.6	54.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Unweighted number of respondents	572	804	64	125	162	326	798	1,255

*Percents based on weighted data.

†Surgical sterilization that was done, at least in part, for contraceptive reasons.

‡Includes persons who are surgically sterile for non-contraceptive reasons.

Editorial Note: This report is part of a cooperative effort between the United States and Mexico to disseminate information on maternal and child health and family planning to interested local, state, and regional health officials and other interested parties.

Mexican health officials are using a 1979 nationwide survey of reproductive-age women to obtain information for the 6 northern Mexican Border states on maternal and child health, contraceptive use, and levels of fertility and mortality. Reports from both the U.S. and the Mexican surveys were presented at the U.S./Mexico Border Health Association's annual meeting April 23 in Saltillo, Mexico.

References

1. U.S. Bureau of the Census. Fertility variations by ethnic origins, November 1969. Washington, DC: US Government Printing Office, 1971. (Current population reports. Series P-20, no. 226).
2. Cates W, Rochat R. Illegal abortions in the United States: 1972-1974. *Fam Plann Perspect* 1976; 8:86-90.
3. Cates W, Kimball A, Gold J, et al. The health impact of restricting public funds for abortion, October 10, 1977-June 10, 1978. *Am J Public Health* 1979;69:945-7.

Follow-up on Guidelines for Short-Course Tuberculosis Chemotherapy

Recently CDC and the American Thoracic Society (ATS) issued a joint statement concerning recommendations on short-course chemotherapy for tuberculosis (1). Because a number of questions have arisen, the following comments are offered to clarify selected issues raised in the statement.

The recommendation for a total treatment duration of 9 months applies *only* to regimens containing *both* isoniazid (INH) and rifampin (RIF) (with or without other drugs) and only to patients with uncomplicated pulmonary tuberculosis. Patients often require individualization of care because of unique problems. This is particularly true for patients with coexisting medical conditions (such as silicosis, diabetes, or cancer), drug-resistant organisms, and extrapulmonary or complicated pulmonary tuberculosis (empyema, for example).

In adults, INH and RIF initially should be given daily in the usual therapeutic doses (300 mg of INH and 600 mg of RIF). The use of capsules containing 300 mg of RIF and 150 mg of INH may simplify treatment. If the physician chooses to use twice-weekly therapy (after an initial daily phase of chemotherapy ranging from 2 weeks to 2 months),

Tuberculosis Chemotherapy — Continued

the dose of INH should be changed to 15 mg/kg body weight twice weekly (for example, 900 mg twice weekly for a 60-kg adult). The RIF dosage for intermittent therapy remains 600 mg twice weekly. Doses of RIF higher than 600 mg, or once weekly administration of RIF at any dosage, *should not be used* because of the known increased incidence of certain adverse reactions—such as the “flu syndrome” (fever, chills, headache, bone pain, and dizziness), shock, shortness of breath, hemolytic anemia, renal failure, and thrombocytopenia.

Although the CDC/ATS statement suggested that the recommended short-course regimen would be suitable for children, only limited data concerning the use of RIF in children have been published. Liquid (pediatric) preparations of RIF and INH are not commercially available in the United States. While hepatotoxic reactions to INH alone are extremely rare in children (2), the frequency of hepatotoxic reactions to RIF or to a combination of RIF and INH may be 3% or more (3). Limiting the dose of INH to 10 mg/kg and that of RIF to 15 mg/kg in children may decrease the likelihood of hepatotoxicity. To better define the prevalence of hepatotoxic reactions among children receiving INH and RIF, the Tuberculosis Control Division at CDC will soon begin a retrospective case-control study of children treated for tuberculosis.

Ethambutol should be used only in children whose visual acuity can be monitored. If resistance to INH is thought to be likely in a very young child, para-aminosalicylic acid (PAS) (200-300 mg/kg up to 12 gm daily) or streptomycin (SM) (20 mg/kg up to 1 gm daily) could be added to the INH-RIF regimen until the results of drug susceptibility studies are available.

(Continued on page 189)

TABLE I. Summary — cases of specified notifiable diseases, United States

[Cumulative totals include revised and delayed reports through previous weeks.]

DISEASE	16th WEEK ENDING		MEDIAN 1975-1978	CUMULATIVE, FIRST 16 WEEKS		
	April 19, 1980	April 21, 1979*		April 19, 1980	April 21, 1979*	MEDIAN 1975-1978
Aseptic meningitis	44	45	37	938	769	572
Brucellosis	1	—	3	50	21	48
Chickenpox	6,446	6,761	6,488	88,560	104,594	93,905
Diphtheria	—	—	4	1	2	28
Encephalitis: Primary (arthropod-borne & unsp.)	11	13	13	175	144	186
Post-infectious	3	6	6	51	61	61
Hepatitis, Viral: Type A	266	292	292	4,897	4,242	4,502
Type B	461	542	634	8,129	9,075	10,188
Type unspecified	206	157	145	3,522	3,135	2,591
Malaria	27	11	7	414	119	104
Measles (rubeola)	769	477	1,042	5,292	5,415	9,908
Meningococcal infections: Total	40	50	50	1,042	1,066	708
Civilian	40	50	50	1,037	1,060	704
Military	—	—	—	5	6	6
Mumps	186	324	588	4,307	6,337	9,625
Pertussis	21	13	16	303	408	367
Rubella (German measles)	94	509	869	1,551	5,027	5,803
Tetanus	2	—	2	12	10	15
Tuberculosis	612	521	622	7,917	8,170	8,859
Tularemia	—	9	3	23	44	24
Typhoid fever	3	3	4	82	117	108
Typhus fever, tick-borne (Rky. Mt. spotted)	2	3	3	16	25	21
Veneral diseases:						
Gonorrhea: Civilian	17,413	17,246	17,842	287,286	290,156	283,599
Military	490	478	537	8,155	8,637	8,637
Syphilis, primary & secondary: Civilian	538	399	408	8,053	7,393	7,393
Military	2	2	5	109	94	94
Rabies in animals	154	153	72	1,706	1,263	804

TABLE II. Notifiable diseases of low frequency, United States

	CUM. 1980		CUM. 1980
Anthrax	—	Poliomyelitis: Total	2
Botulism	12	Paralytic	1
Congenital rubella syndrome † (Ala. 1, Tex. 1)	26	Psittacosis † (NYC 1, Idaho 1, Calif. 1)	24
Leprosy † (NYC 1, Md. 1, Fla. 1, Calif. 1)	50	Rabies in man	—
Leptospirosis † (Mass. 1)	14	Trichinosis † (NYC 1, La. 6)	19
Plague	—	Typhus fever, flea-borne (endemic, murine) (Tex. 1, Hawaii 2)	12

* Delayed reports received for calendar year 1979 are used to update last year's weekly and cumulative totals.

† Delayed reports: Botulism: Pa. +5 (1979); Cong. rubella syn.: P.R. +1 (1980); Leprosy: Hawaii +5 (1979); Leptospirosis: Hawaii +5 (1979); Psittacosis: Mont. +1 (1979); Trichinosis: Pa. +2 (1979), S.C. +1 (1979).

TABLE III. Cases of specified notifiable diseases, United States, weeks ending April 19, 1980, and April 21, 1979 (16th week)

REPORTING AREA	ASEPTIC MENINGITIS	BRUCELLOSIS	CHICKENPOX	DIPHTHERIA		ENCEPHALITIS			HEPATITIS (VIRAL), BY TYPE			MALARIA	
	1980	1980	1980	1980	CUM. 1980	Primary		Post-infectious	B	A	Unspecified	1980	CUM. 1980
						1980	1979*	1980	1980	1980	1980		
UNITED STATES	44	1	6,446	--	1	11	13	3	266	461	206	27	414
NEW ENGLAND	2	--	654	--	--	--	1	--	7	13	12	1	28
Maine	--	--	127	--	--	--	--	--	--	1	--	--	5
N.H.†	2	--	21	--	--	--	--	--	--	--	--	--	2
Vt.†	--	--	23	--	--	--	--	--	--	1	--	--	--
Mass.	--	--	250	--	--	--	--	--	6	4	11	1	16
R.I.	--	--	43	--	--	--	--	--	1	7	--	--	1
Conn.	--	--	190	--	--	--	1	--	--	--	--	--	4
MID. ATLANTIC	6	--	554	--	1	4	2	--	41	43	22	2	64
Upstate N.Y.	3	--	99	--	--	3	--	--	5	14	5	--	8
N.Y. City	1	--	276	--	1	--	1	--	9	5	7	2	25
N.J.	2	--	NN	--	--	--	--	--	14	15	10	--	18
Pa.	--	--	179	--	--	1	1	--	13	9	--	--	13
E.N. CENTRAL	4	--	2,678	--	--	--	4	--	31	61	23	3	19
Ohio	--	--	268	--	--	--	2	--	2	13	10	--	3
Ind.	--	--	216	--	--	--	2	--	4	3	5	--	2
Ill.	--	--	1,218	--	--	--	--	--	12	29	3	--	5
Mich.	3	--	436	--	--	--	--	--	12	6	4	3	6
Wis.†	1	--	540	--	--	--	--	--	1	10	1	--	3
W.N. CENTRAL	--	--	704	--	--	--	1	1	4	17	4	5	17
Minn.	--	--	2	--	--	--	--	--	1	2	--	4	9
Iowa	--	--	311	--	--	--	1	--	1	6	1	--	2
Mo.	--	--	134	--	--	--	--	--	1	--	2	1	3
N. Dak.	--	--	17	--	--	--	--	--	--	--	--	--	--
S. Dak.	--	--	50	--	--	--	--	--	--	4	--	--	--
Nebr.	--	--	48	--	--	--	--	--	--	--	--	--	1
Kans.	--	--	142	--	--	--	--	1	1	--	1	--	2
S. ATLANTIC	9	--	478	--	--	1	2	--	71	74	18	8	46
Del.	--	--	7	--	--	--	--	--	--	--	--	--	--
Md.	--	--	25	--	--	--	--	--	6	5	4	5	10
D.C.	--	--	5	--	--	--	--	--	9	3	--	1	1
Va.†	1	--	7	--	--	--	2	--	9	8	1	2	14
W. Va.†	--	--	169	--	--	--	--	--	4	3	--	--	2
N.C.	--	--	NN	--	--	1	--	--	6	6	5	--	4
S.C.	--	--	21	--	--	--	--	--	13	6	1	--	2
Ga.	--	--	2	--	--	--	--	--	11	8	--	--	4
Fla.	8	--	242	--	--	--	--	--	13	35	7	1	9
E.S. CENTRAL	5	--	515	--	--	1	--	1	18	27	6	--	4
Ky.	--	--	452	--	--	--	--	--	1	2	--	--	2
Tenn.	3	--	NN	--	--	1	--	1	10	9	--	--	--
Ala.	--	--	32	--	--	--	--	--	3	8	6	--	2
Miss.	2	--	31	--	--	--	--	--	4	8	--	--	--
W.S. CENTRAL	6	1	521	--	--	--	--	--	16	95	71	2	34
Ark.	--	--	8	--	--	--	--	--	1	5	2	--	2
La.	1	--	NN	--	--	--	--	--	1	10	7	--	14
Okla.	1	--	--	--	--	--	--	--	5	9	6	--	7
Tex.	4	1	513	--	--	--	--	--	9	71	56	2	11
MOUNTAIN	--	--	152	--	--	3	--	--	13	37	23	--	19
Mont.†	--	--	21	--	--	--	--	--	--	1	--	--	--
Idaho	--	--	1	--	--	--	--	--	--	3	--	--	--
Wyo.	--	--	--	--	--	--	--	--	--	1	--	--	2
Colo.	--	--	127	--	--	3	--	--	7	16	2	--	8
N. Mex.	--	--	--	--	--	--	--	--	--	--	--	--	1
Ariz.	--	--	NN	--	--	--	--	--	3	14	20	--	7
Utah	--	--	3	--	--	--	--	--	3	2	1	--	--
Nev.	--	--	3	--	--	--	--	--	--	--	--	--	1
PACIFIC	12	--	190	--	--	2	3	1	65	94	27	6	183
Wash.	2	--	164	--	--	--	--	--	4	6	--	--	15
Oreg.	--	--	--	--	--	--	--	--	10	25	2	--	11
Calif.†	8	--	--	--	--	2	1	1	48	60	25	6	153
Alaska	--	--	9	--	--	--	2	--	--	--	--	--	1
Hawaii	2	--	17	--	--	--	--	--	3	3	--	--	3
Guam	NA	NA	NA	NA	--	NA	--	--	NA	NA	NA	NA	--
P.R.†	3	--	46	--	--	--	--	--	1	11	9	--	1
V.I.	NA	NA	NA	NA	--	NA	--	--	NA	NA	NA	NA	--
Pac. Trust Terr.	NA	NA	NA	NA	--	NA	--	--	NA	NA	NA	NA	--

NN: Not notifiable.

NA: Not available.

* Delayed reports received for 1979 are not shown below but are used to update last year's weekly and cumulative totals.

† The following delayed reports will be reflected in next week's cumulative totals: Asep. meng.: N.H. +2; Chickenpox: N.H. +25, W.Va. +1, Calif. +7, P.R. +1; Hep. B: N.H. +1, Vt. +1, Mont. +1; Hep. A: Wis. +1, Mant. +3; Hep. unsp.: N.H. +1, Wis. -1, Va. -2.

TABLE III (Cont.'d). Cases of specified notifiable diseases, United States, weeks ending April 19, 1980, and April 21, 1979 (16th week)

REPORTING AREA	MEASLES (RUBELLA)			MENINGOCOCCAL INFECTIONS TOTAL			MUMPS		PERTUSSIS	RUBELLA		TETANUS
	1980	CUM. 1980	CUM. 1979*	1980	CUM. 1980	CUM. 1979*	1980	CUM. 1980	1980	1980	CUM. 1980	CUM. 1980
UNITED STATES	769	5,292	5,415	40	1,042	1,066	186	4,307	21	94	1,551	12
NEW ENGLAND	67	396	158	6	62	38	25	426	-	16	104	-
Maine	-	4	4	-	2	1	19	208	-	1	38	-
N.H.†	26	187	7	-	4	4	-	10	-	1	20	-
Vt.	34	182	47	-	5	2	3	3	-	-	-	-
Mass.	7	18	-	5	24	15	1	109	-	11	31	-
R.I.	-	2	100	-	5	-	1	14	-	2	5	-
Conn.	-	3	-	1	22	16	1	82	-	1	10	-
MID. ATLANTIC	285	1,402	481	5	174	150	16	504	2	17	154	2
Upstate N.Y.	34	320	256	1	61	52	9	59	1	8	87	1
N.Y. City	81	405	187	1	52	42	4	30	1	8	35	-
N.J.	NA	207	27	2	33	38	2	63	-	NA	26	-
Pa.†	170	470	11	1	28	18	1	352	-	1	6	1
E.N. CENTRAL	124	865	1,172	2	111	109	87	1,690	3	19	392	-
Ohio†	17	126	13	-	38	40	46	700	-	-	2	-
Ind.†	6	50	94	-	17	26	5	63	3	14	151	-
Ill.	4	149	467	-	17	3	15	204	-	-	80	-
Mich.	21	187	387	2	31	29	16	544	-	2	97	-
Wis.†	76	353	211	-	8	11	5	179	-	3	62	-
W.N. CENTRAL	97	642	557	1	38	39	13	146	2	5	135	2
Minn.	93	472	257	-	11	6	3	8	-	1	19	1
Iowa	-	-	14	-	5	5	5	24	-	-	3	-
Mo.	1	59	269	-	12	20	4	55	2	1	33	-
N. Dak.	-	-	6	-	1	1	-	3	-	-	3	-
S. Dak.	-	-	1	-	3	2	-	1	-	-	-	-
Nebr.	3	59	-	-	-	-	1	9	-	-	-	-
Kans.	-	52	10	1	6	5	-	46	-	3	77	1
S. ATLANTIC	67	994	829	10	258	265	11	419	3	7	148	2
Del.	-	1	-	-	2	2	-	31	-	-	-	-
Md.	6	27	5	-	25	18	3	136	-	-	-	-
D.C.	-	-	-	-	1	-	-	2	-	-	-	-
Va.†	22	195	71	-	17	38	1	40	-	2	14	1
W. Va.	1	10	40	1	7	3	2	49	1	3	14	-
N.C.†	-	39	94	1	47	39	1	63	-	2	39	-
S.C.	3	115	85	-	34	35	1	16	-	-	45	1
Ga.	8	389	106	2	57	42	1	1	-	-	-	-
Fla.	27	218	428	6	68	88	2	81	2	-	36	-
E.S. CENTRAL	9	120	70	-	101	85	8	585	-	3	59	1
Ky.	1	33	15	-	31	13	6	535	-	2	28	1
Tenn.	2	11	12	-	22	27	1	18	-	1	27	-
Ala.	-	16	35	-	29	21	1	10	-	-	3	-
Miss.	6	60	8	-	19	24	-	22	-	-	1	-
W.S. CENTRAL	61	399	610	2	121	182	3	142	3	3	54	1
Ark.	-	1	6	-	6	14	-	14	-	-	1	-
La.	-	9	143	-	46	78	-	41	-	-	5	-
Okla.†	46	285	3	-	9	16	-	-	-	-	1	-
Tex.	15	104	458	2	60	74	3	87	3	3	47	1
MOUNTAIN	15	106	121	2	32	44	9	116	6	3	45	-
Mont.†	-	1	41	-	1	2	6	40	-	2	3	-
Idaho	-	-	3	-	3	4	-	11	-	-	8	-
Wyo.	-	-	1	1	2	-	-	-	-	-	-	-
Colo.	1	4	9	1	9	2	-	22	2	-	2	-
N. Mex.	-	2	25	-	6	3	-	-	2	-	4	-
Ariz.†	13	59	26	-	4	26	3	16	2	-	9	-
Utah	1	38	13	-	1	3	-	22	-	1	16	-
Nev.	-	2	3	-	6	4	-	5	-	-	3	-
PACIFIC	44	368	1,417	12	145	154	14	279	2	21	460	4
Wash.	8	115	739	5	25	24	6	87	1	3	35	-
Oreg.	-	-	48	5	32	11	1	41	-	-	28	-
Calif.	36	247	566	2	86	111	7	144	1	18	396	4
Alaska	-	3	15	-	2	3	-	4	-	-	1	-
Hawaii	-	3	49	-	-	5	-	3	-	-	-	-
Guam	NA	2	2	-	-	-	NA	3	NA	NA	-	-
P.R.†	5	44	147	1	7	-	7	49	1	1	6	3
V.I.	NA	4	2	-	1	2	NA	1	NA	NA	-	-
Pac. Trust Terr.	NA	3	5	-	-	1	NA	1	NA	NA	1	-

NA: Not available.

*Delayed reports received for 1979 are not shown below but are used to update last year's weekly and cumulative totals.

†The following delayed reports will be reflected in next week's cumulative totals: Measles: N.H. +5, Pa. +4, Ind. -1, Va. -1, N.C. -1, Okla. -3, Ariz. -2; Men. inf.: Ohio +2, Ind. +1; Mumps: Mont. +1, P.R. +30; Rubella: N.H. +1, Wis. +2.

TABLE III (Cont. 'd). Cases of specified notifiable diseases, United States, weeks ending April 19, 1980, and April 21, 1979 (16th week)

REPORTING AREA	TUBERCULOSIS		TULA-REMIA	TYPHOID FEVER		TYPHUS FEVER (Tick-borne) (RMSF)		VENEREAL DISEASES (Civilian)						RABIES (in Animals)
								GONORRHEA			SYPHILIS (Pri. & Sec.)			
	1980	CUM. 1980	CUM. 1980	1980	CUM. 1980	1980	CUM. 1980	1980	CUM. 1980	CUM. 1979*	1980	CUM. 1980	CUM. 1979*	
UNITED STATES	612	7,917	23	3	82	2	16	17,413	287,286	290,156	538	8,053	7,393	1,706
NEW ENGLAND	18	232	-	-	5	-	1	414	7,430	7,595	12	238	134	12
Maine	1	16	-	-	-	-	-	36	455	515	-	3	2	11
N.H.†	-	3	-	-	-	-	-	10	259	263	-	-	8	-
Vt.	2	9	-	-	-	-	-	4	197	143	-	2	-	-
Mass.	12	117	-	-	3	-	1	160	2,997	3,036	8	155	82	1
R.I.	-	28	-	-	1	-	-	21	438	632	-	10	6	-
Conn.	3	59	-	-	1	-	-	183	3,084	3,006	4	68	38	-
MID. ATLANTIC	81	1,378	1	1	21	-	2	1,881	31,164	30,955	75	1,118	1,168	2
Upstate N.Y.†	15	260	-	-	5	-	-	334	5,579	4,772	4	87	91	-
N.Y. City	27	498	1	1	9	-	-	1,000	12,487	12,137	59	732	784	-
N.J.	13	294	-	-	3	-	1	547	5,784	5,817	12	150	161	2
Pa.†	26	326	-	-	4	-	1	NA	7,314	8,229	NA	149	132	-
E.N. CENTRAL	106	1,096	1	-	8	-	2	1,899	45,402	45,237	59	786	1,042	243
Ohio†	10	179	-	-	2	-	-	414	11,977	12,469	23	138	201	11
Ind.	8	126	-	-	-	-	-	332	4,539	3,628	-	69	54	30
Ill.	40	415	-	-	3	-	-	625	14,449	14,642	31	427	643	148
Mich.	43	308	1	-	3	-	-	551	9,898	10,450	4	119	111	-
Wis.	5	68	-	-	-	-	-	267	4,539	4,048	1	33	33	54
W.N. CENTRAL	30	266	8	-	1	-	2	1,072	12,905	13,870	5	83	101	483
Minn.	2	37	1	-	-	-	-	138	2,223	2,435	1	31	31	49
Iowa	3	23	4	-	-	-	-	144	1,401	1,805	-	3	14	100
Mo.	18	130	2	-	-	-	2	548	5,568	5,815	4	46	38	123
N. Dak.	4	11	-	-	-	-	-	13	184	234	-	-	-	42
S. Dak.†	1	15	-	-	1	-	-	21	378	474	-	-	-	102
Nebr.	-	12	1	-	-	-	-	74	1,067	934	-	2	2	19
Kans.†	2	38	-	-	-	-	-	134	2,084	2,173	-	1	16	48
S. ATLANTIC	154	1,790	7	-	17	-	3	3,753	69,026	69,077	105	1,944	1,809	115
Del.†	-	23	-	-	1	-	-	72	981	1,064	-	5	11	-
Md.†	16	227	1	-	2	-	-	462	7,207	8,399	10	145	125	-
D.C.	7	90	-	-	3	-	-	343	5,159	4,313	7	138	130	-
Va.	28	210	-	-	2	-	-	305	5,834	6,653	7	170	178	1
W. Va.	7	74	-	-	2	-	-	53	888	1,003	1	5	26	3
N.C.	17	311	2	-	1	-	2	486	10,537	10,534	8	141	159	-
S.C.	10	143	-	-	2	-	1	399	6,658	6,035	4	96	92	19
Ga.	22	236	4	-	-	-	-	791	12,573	13,425	35	581	488	64
Fla.	47	476	-	-	4	-	-	842	19,189	17,651	33	663	600	28
E.S. CENTRAL	49	742	1	1	3	-	2	1,675	23,513	24,461	43	651	494	106
Ky.	7	159	-	-	1	-	-	238	3,386	3,238	14	50	50	49
Tenn.	25	234	1	-	-	-	2	491	8,367	8,425	11	245	199	51
Ala.	8	212	-	-	1	-	-	709	6,815	7,389	10	136	102	6
Miss.	9	137	-	1	1	-	-	237	4,945	5,409	8	220	143	-
W.S. CENTRAL	57	753	1	-	2	2	6	2,285	37,325	38,457	97	1,514	1,259	525
Ark.	6	62	1	-	-	-	2	212	2,814	3,019	4	59	39	70
La.	6	156	-	-	-	-	-	408	6,388	6,711	31	357	261	4
Okla.†	8	72	-	-	-	1	2	208	3,668	3,455	-	23	25	86
Tex.	37	463	-	-	2	1	2	1,457	24,455	25,272	62	1,075	934	365
MOUNTAIN	12	219	2	1	6	-	-	638	11,172	11,320	12	193	108	43
Mont.†	1	10	-	-	1	-	-	31	400	610	-	-	6	3
Idaho	-	9	1	-	-	-	-	21	543	491	-	12	7	-
Wyo.	-	13	-	-	-	-	-	17	329	282	-	7	3	-
Colo.	-	20	-	1	2	-	-	242	2,889	3,091	4	51	34	-
N. Mex.	5	46	-	-	1	-	-	70	1,459	1,413	5	33	20	12
Ariz.	6	102	1	-	1	-	-	117	3,083	3,132	-	62	19	28
Utah†	-	7	-	-	1	-	-	40	549	565	-	5	2	-
Nev.	-	12	-	-	-	-	-	100	1,920	1,736	3	23	17	-
PACIFIC	105	1,441	2	-	19	-	-	3,506	49,349	49,184	130	1,526	1,278	177
Wash.	7	115	-	-	-	-	-	237	4,008	4,267	-	73	84	-
Oreg.	9	64	-	-	-	-	-	260	3,529	3,186	4	36	69	-
Calif.	89	1,232	2	-	19	-	-	2,826	39,968	39,295	126	1,366	1,090	137
Alaska	-	16	-	-	-	-	-	102	1,165	1,629	-	3	7	40
Hawaii	-	14	-	-	-	-	-	81	679	807	-	48	28	-
Guam	NA	10	-	NA	-	NA	-	NA	26	30	NA	-	-	-
P.R.	7	42	-	-	-	-	-	63	833	568	15	174	159	15
V.I.†	NA	-	-	NA	-	NA	-	NA	46	51	NA	7	-	-
Pac. Trust Terr.	NA	7	-	NA	-	NA	-	NA	94	142	NA	-	-	-

NA: Not available.

*Delayed reports received for 1979 are not shown below but are used to update last year's weekly and cumulative totals.

†The following delayed reports will be reflected in next week's cumulative totals: TB: N.H. +2, Ups. NY +6, Kans. -1, Dela. -1; Typhoid fever: Ohio +1, Md. -1, Okla. +1; RMSF: Ohio +2; GC: S.Dak. -1, Mont. +11, Utah -2, V.I. +6; Syphilis: Pa. +1.

TABLE IV. Deaths in 121 U.S. cities,* week ending
April 19, 1980 (16th week)

REPORTING AREA	ALL CAUSES, BY AGE (YEARS)					P & I** TOTAL	REPORTING AREA	ALL CAUSES, BY AGE (YEARS)					P & I** TOTAL
	ALL AGES	>85	45-64	25-44	<1			ALL AGES	>85	45-64	25-44	<1	
NEW ENGLAND	633	423	147	30	18	40	S. ATLANTIC	1,169	710	295	74	57	58
Boston, Mass.	176	104	46	12	9	15	Atlanta, Ga.	133	78	36	13	2	7
Bridgeport, Conn.	57	37	17	3	—	5	Baltimore, Md.	117	75	29	8	4	—
Cambridge, Mass.	21	14	6	1	—	2	Charlotte, N.C.	60	35	11	3	7	6
Fall River, Mass.	31	27	4	—	—	2	Jacksonville, Fla.	82	50	23	2	2	3
Hartford, Conn.	57	36	13	5	1	—	Miami, Fla.	103	62	28	7	2	4
Lowell, Mass.	31	24	5	1	—	2	Norfolk, Va.	63	36	14	4	8	4
Lynn, Mass.	19	13	4	—	1	2	Richmond, Va.	81	51	24	4	2	7
New Bedford, Mass.	20	15	3	—	—	—	Savannah, Ga.	39	22	9	4	2	6
New Haven, Conn.	49	30	14	3	1	—	St. Petersburg, Fla.	80	67	7	3	2	4
Providence, R.I.	62	44	11	3	2	4	Tampa, Fla.	68	43	14	5	4	7
Somerville, Mass.	12	9	3	—	—	—	Washington, D.C.	285	160	80	19	21	8
Springfield, Mass.	33	24	5	1	2	2	Wilmington, Del.	58	31	20	2	1	2
Waterbury, Conn.	25	17	8	—	—	3							
Worcester, Mass.	40	29	8	1	2	3							
							E.S. CENTRAL	782	469	202	42	33	39
MID. ATLANTIC	2,573	1,697	572	154	83	109	Birmingham, Ala.	106	62	27	6	3	5
Albany, N.Y.	52	41	4	1	4	2	Chattanooga, Tenn.	46	33	11	1	—	1
Allentown, Pa.	15	23	2	—	—	—	Knoxville, Tenn.	48	30	15	—	—	2
Buffalo, N.Y.	118	79	29	6	2	7	Louisville, Ky.	128	80	37	4	2	11
Camden, N.J.	40	23	15	—	2	1	Memphis, Tenn.	225	130	56	18	11	11
Elizabeth, N.J.	29	24	4	1	—	3	Mobile, Ala.	55	34	11	2	5	2
Erie, Pa.††	37	25	8	2	2	2	Montgomery, Ala.	27	14	8	2	3	—
Jersey City, N.J.	33	21	10	—	—	—	Nashville, Tenn.	147	86	37	9	8	7
Newark, N.J.††	58	28	15	6	5	3							
N.Y. City, N.Y.	1,398	915	306	95	39	46	W.S. CENTRAL	1,117	654	284	75	53	53
Peterson, N.J.	25	15	5	3	1	3	Austin, Tex.	56	29	14	7	5	5
Philadelphia, Pa.†	316	197	77	23	15	15	Baton Rouge, La.	44	26	15	1	2	2
Pittsburgh, Pa.†	49	28	19	1	1	3	Corpus Christi, Tex.	46	24	10	5	3	—
Reading, Pa.	32	26	3	2	1	2	Dallas, Tex.	159	90	46	11	7	8
Rochester, N.Y.	118	90	17	5	3	12	El Paso, Tex.	61	37	17	1	4	2
Schenectady, N.Y.	30	21	7	2	—	—	Fort Worth, Tex.	89	56	15	6	2	11
Scranton, Pa.†	21	14	7	—	—	—	Houston, Tex.	110	53	27	8	10	5
Syracuse, N.Y.	97	66	20	3	6	4	Little Rock, Ark.	98	55	21	12	5	7
Trenton, N.J.	34	21	10	1	—	1	New Orleans, La.	150	90	40	9	6	—
Utica, N.Y.	22	13	6	1	2	1	San Antonio, Tex.	155	98	41	9	3	9
Yonkers, N.Y.	39	27	8	2	—	4	Shreveport, La.	48	29	14	1	3	—
							Tulsa, Okla.	101	67	24	5	3	4
E.N. CENTRAL	2,271	1,424	536	139	98	77	MOUNTAIN	570	352	139	30	26	16
Akron, Ohio	54	39	8	1	6	—	Albuquerque, N.Mex.	61	34	17	4	4	6
Canton, Ohio	32	20	11	—	1	—	Colorado Springs, Colo.	39	20	16	4	—	1
Chicago, Ill.	479	293	108	43	18	11	Denver, Colo.	114	73	22	5	10	3
Cincinnati, Ohio	192	116	44	7	17	9	Las Vegas, Nev.	60	28	23	3	4	1
Cleveland, Ohio	183	107	48	12	7	6	Ogden, Utah	15	10	3	—	1	2
Columbus, Ohio	134	88	28	9	6	1	Phoenix, Ariz.	125	88	20	8	3	2
Dayton, Ohio	88	57	20	2	4	3	Pueblo, Colo.	14	12	2	—	—	—
Detroit, Mich.	295	163	85	28	13	7	Salt Lake City, Utah	49	23	14	4	4	1
Evansville, Ind.	47	29	13	2	3	3	Tucson, Ariz.	93	64	24	2	—	—
Fort Wayne, Ind.	59	39	15	2	1	8							
Gary, Ind.	20	10	3	5	—	—							
Grand Rapids, Mich.	56	39	12	2	3	3	PACIFIC	1,782	1,160	416	102	48	75
Indianapolis, Ind.	155	92	42	4	9	2	Berkeley, Calif.	25	15	7	3	—	—
Madison, Wis.	40	24	9	4	—	5	Fresno, Calif.	71	44	17	6	2	6
Milwaukee, Wis.	133	88	30	3	5	4	Glendale, Calif.	26	20	6	—	—	—
Peoria, Ill.	47	27	13	2	5	7	Honolulu, Hawaii	57	35	14	3	1	5
Rockford, Ill.	38	31	6	—	—	2	Long Beach, Calif.	110	76	28	2	3	1
South Bend, Ind.	44	35	6	2	—	4	Los Angeles, Calif.	453	288	102	31	14	16
Toledo, Ohio	113	83	22	7	—	2	Oakland, Calif.	84	52	22	5	4	7
Youngstown, Ohio	62	44	13	4	—	2	Pasadena, Calif.	31	24	5	1	1	3
							Portland, Ore.	125	72	35	7	5	2
							Sacramento, Calif.	74	48	14	10	1	7
W.N. CENTRAL	736	481	161	40	29	19	San Diego, Calif.	139	88	29	13	3	—
Des Moines, Iowa	86	52	20	6	2	—	Sacramento, Calif.	156	106	38	6	3	5
Duluth, Minn.	26	20	5	—	—	1	San Francisco, Calif.	160	113	38	5	2	11
Kansas City, Kans.	24	17	5	1	1	1	San Jose, Calif.	167	114	32	8	5	7
Kansas City, Mo.	97	64	19	4	5	1	Seattle, Wash.	50	34	13	1	2	3
Lincoln, Neb.	39	24	11	1	—	1	Spokane, Wash.	50	34	13	1	2	3
Minneapolis, Minn.	94	58	27	5	2	3	Tacoma, Wash.	54	31	16	1	2	2
Omaha, Neb.	93	58	26	3	5	4							
St. Louis, Mo.	163	107	30	12	10	6							
St. Paul, Minn.	71	51	12	4	1	1							
Wichita, Kans.	43	30	6	4	3	1							
							TOTAL	11,633	7,370	2,752	686	445	486

*Mortality data in this table are voluntarily reported from 121 cities in the United States, most of which have populations of 100,000 or more. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

**Pneumonia and influenza

†Because of changes in reporting methods in these 4 Pennsylvania cities, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

††Data not available this week. Figures are estimates based on average percent of regional total.

Tuberculosis Chemotherapy – Continued

Pretreatment hematocrit, white blood cell and platelet counts, BUN, SGOT, and bilirubin should be obtained on patients being treated with INH and RIF. Subsequently, the patient should be carefully monitored for adherence to the treatment regimen and signs or symptoms of adverse reactions, with repeat laboratory tests as indicated. Bacteriologic examinations should be done at least once a month until sputum conversion occurs, and then every 2 to 3 months during the treatment phase. Repeated bacteriologic examinations are necessary for evaluating the patient's response to therapy and determining the appropriate length of treatment because treatment must continue for no less than 9 months *and* extend at least 6 months after sputum conversion.

As indicated in the statement, available evidence shows the recommended short-course chemotherapy to be highly effective under protocol conditions. Although it will probably be highly effective under program conditions as well, systematic collection of data for assessment of the results is recommended. Several years ago, an assessment of relapse rates among patients who completed standard 18- to 24-month regimens showed that relapses were so uncommon that routine follow-up of patients after treatment was unnecessary (4). When there are sufficient data available to show that short-course chemotherapy is as effective under program conditions as standard therapy, posttreatment follow-up of patients who receive short-course chemotherapy can be discontinued. In the interim, patients who complete a short-course regimen should be interviewed for symptoms of disease, and a sputum specimen should be obtained for smear and culture (if possible) at 3-, 6-, and 12-month intervals after therapy has stopped. Chest X rays are indicated only if the medical interview or sputum examination suggests the possibility of a recurrence of tuberculosis. Asymptomatic patients with negative cultures can be discharged from supervision after the 12-month follow-up visit, but they should be instructed to return if signs and/or symptoms of disease recur.

Reported by the Tuberculosis Control Div, Bur of State Services, CDC.

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Surveillance Summary

Human *Salmonella* Isolates – United States, 1979

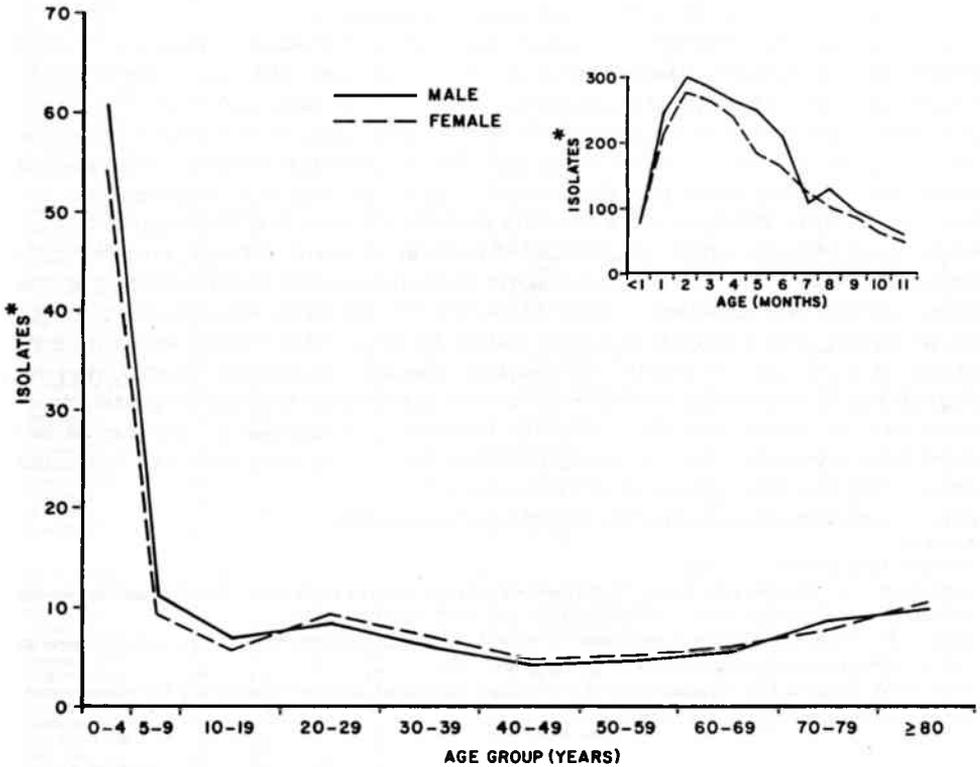
In 1979, 31,123 isolations of salmonellae (including *Salmonella typhi*) from humans were reported to CDC—an increase of 8.3% over 1978.

The increase in isolates was not confined to 1 state or region. However, 5 states—Connecticut, Massachusetts, Maryland, Washington, and Illinois—accounted for two-thirds of the 8.3% increase. *S. enteritidis* alone accounted for over one-fourth of the increase; most of this occurred in Connecticut and Massachusetts. *S. enteritidis*, *S. heidelberg*, *S. saint-paul*, and *S. infantis* accounted for almost two-thirds of the increase. These additional isolates were not concentrated in any single age group. The 10- to 19-year age group sustained the largest percentage increase, but increases were also seen for the age groups 30-39 years, and 50-79 years.

Salmonella - Continued

The age distribution of persons from whom isolates were obtained (Figure 2) followed a well-established pattern: the rate was highest for infants approximately 2-3 months of age, decreased rapidly through early childhood, and then held fairly constant from approximately age 7 through the adult years. Isolation rates for those under 20 were higher for males than for females, but for persons from 21 through 74 years old, females showed a slightly higher reported isolation rate.

FIGURE 2. Rate of reported isolates of *Salmonella*, by age, United States, 1979



* PER 100,000 POPULATION

The 10 most frequently isolated serotypes accounted for almost three-fourths of the total (Table 2). The variation in median age of persons from whom a particular serotype was isolated may indicate differences in the vehicles, the infectious dose, or other variables. For most serotypes, the median age of infected patients has been consistent for the 17 years during which surveillance records have been maintained. Of the 647 isolates of *S. typhi* in 1979, 50 were from carriers, 153 from infected patients, and the rest were undesignated. The median age of the carriers was 59 years; of the infected patients, 17 years; and of those unspecified, 22 years.

Reported by Statistical Services Br and Enteric Diseases Br, Bacterial Diseases Div, Bur of Epidemiology, CDC.

Editorial Note: This report is based on the *Salmonella* Surveillance Activity conducted by CDC and the Association of State and Territorial Epidemiologists. It is a passive, laboratory-based system which receives weekly reports from the 50 states and the District of Columbia and regular summaries from the U.S. Department of Agriculture. These

Salmonella — Continued

reports do not distinguish between clinical and subclinical infections, or between chronic and convalescent carriers. Clearly, many selective factors affect whether or not an infection will be reported. In spite of these restrictions, these data provide a basis for comparison with past and future tabulations.

TABLE 2. The 10 serotypes of *Salmonella* most frequently isolated from humans, United States, 1979

Serotype	Number	Percent	Median age (years)
<i>S. typhimurium</i> *	10,153	32.6	9
<i>S. enteritidis</i>	2,633	8.5	19
<i>S. heidelberg</i>	2,490	8.0	4
<i>S. newport</i>	1,915	6.2	14
<i>S. infantis</i>	1,417	4.5	7
<i>S. agona</i>	1,103	3.5	3
<i>S. saint-paul</i>	856	2.8	19
<i>S. typhi</i>	647	2.1	26
<i>S. montevideo</i>	613	2.0	12
<i>S. oranienburg</i>	592	1.9	17
Subtotal	22,419	72.1	11
Others	8,704	27.9	
Total	31,123	100.0	11

*Includes *S. typhimurium* var. *copenhagen*.

Epidemiologic Notes and Reports

Cholera in a Laotian Refugee — California

A 28-year-old female Laotian refugee, who developed a diarrheal illness 4 hours before arriving in California on April 17, has been diagnosed as having cholera. After arrival, she developed profuse watery diarrhea and was hospitalized the same day in shock. She was treated with 12 liters of intravenous fluids and has recovered. *Vibrio cholerae* O group 1 was isolated from her stool. Her 5-year-old nephew, who was on the same flight, developed profuse watery diarrhea on April 18, and was hospitalized the same day. The results of his stool culture are pending.

Both patients had been in Rangsit transit center in Bangkok, Thailand, for the 7 days immediately before departure. Two other cases of cholera are known to have occurred among residents of the camp during April.

Reported by A Goldberg, MD, Marin General Hospital, Marin, California; G Schecter, MD, U.S. Public Health Service Hospital, San Francisco; T Hiatt, MD, Marin County Health Dept; Infectious Disease

The Morbidity and Mortality Weekly Report, circulation 88,700, is published by the Center for Disease Control, Atlanta, Georgia. The data in this report are provisional, based on weekly telegraphs to CDC by state health departments. The reporting week concludes at close of business on Friday; compiled data on a national basis are officially released to the public on the succeeding Friday.

The editor welcomes accounts of interesting cases, outbreaks, environmental hazards, or other public health problems of current interest to health officials. Send reports to: Center for Disease Control, Attn: Editor, Morbidity and Mortality Weekly Report, Atlanta, Georgia 30333.

Send mailing list additions, deletions, and address changes to: Center for Disease Control, Attn: Distribution Services, GSO, 1-SB-36, Atlanta, Georgia 30333. When requesting changes be sure to give your former address, including zip code and mailing list code number, or send an old address label.

Cholera — Continued

Section, California Dept of Health Services; Field Services Div, and Enteric Diseases Br, Bacterial Diseases Div, Bur of Epidemiology, CDC.

Editorial Note: Since the usual incubation period for cholera is 1-5 days, these persons were probably infected by an exposure in Rangsit transit center. An investigation to determine the sources of food and water consumed by these persons is in progress. There is little danger of spread of the disease from these persons to others in the United States because of relatively good sanitation in this country. (Person-to-person transmission of this disease is highly unusual, and transmission almost always occurs through ingestion of contaminated food or water.) Physicians should consider cholera in the differential diagnosis of recently arrived refugees who have severe watery diarrhea, and cultures of stools from these persons should include media appropriate for isolating vibrios.

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